

Editorial

Determinants of Teenage Pregnancy in Indonesia: An Evidence-Based Program

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The pregnancy prevention in adolescent has long been the focus of global public health research [1]. Not only does it cause a serious problem to young women themselves but also their family and the society [2].

The World Health Organization (WHO) and the report on adolescents' pregnancy prevention strategies accentuate the urgency of public health initiatives to reduce adolescent pregnancy rates, which can pose some risks such as: (1) the risk of low birth weight, premature labor and asphyxia, along with the potential of long-term complications; (2) a nonviable pregnancy rate is 50% higher in pregnancies under 20 years old contrasted to those between 20 to 29 years old; (3) children of teenage pregnancy has a 60% higher infant mortality rate compared to babies born to older mother; and are 63% more likely born in poverty; (4) teenage mothers are prone to postpartum depression and other mental health problems, less likely to breastfeed, and 20% of them are poor qualified, unemployed men as a partner; (5) at the age of 30.22% of teenage mothers are more likely to live in poverty than those who get pregnant at 24 years old and above; are also less likely to be employed, and to live together with their spouse or partner [3].

The research also reveals that when society is more accepting (seems to be more accepting) of adolescents having an early sexual intercourse, teenagers will be more likely to internalize a more tolerant attitude towards sex, and experience sexual intercourse at an early age compared to their parents. Some teenage boys perceive pregnancy (whether it is the normal one or unintended) as a life event that can trigger moral and material dilemmas [4,5].

Therefore, a prevention in teenage pregnancy is an ideal preventive effort to avoid initiation and early sexual intercourse so as to avoid the risk of unintended (or unwanted) pregnancy and sexually transmitted diseases. This preventive attempt is priority as it does not solely involve the teenage girls but also their partner, peers, parents, teachers, health workers, as well as the whole relevant stakeholders either directly or indirectly.

Based on the result of a study [6] the most dominant factors affecting adolescent pregnancy prevention behavior is peer influence with a value of $p=0.00<\alpha=0.05$, and with a value of $OR=3.84$. It implies that adolescents negatively influenced by peers are at 3.84

times at risk of not being able to prevent pregnancy compared to those obtaining a positive influence.

Similar viewpoint is also disclosed in a study which found new initial evidence on the importance of peer influence susceptibility in the development of adolescent sexual behavior [7]. Peer influence is central to the development of pregnancy-related behavior in adolescents. It is also declared that higher positive composite score reflects higher susceptibility of peer influence and vice versa [8].

The implication of strategic policy that could be developed is that peer group influence has the main role to inhibit the risk of teenage pregnancy. Thus, the implication of the policy that must be implemented is that the National Population and Family Planning Agency (known as *BKKBN*) selects several teenagers who have social power competence through the selection of GenRe (Planning Generation) ambassadors in the society through *PIK-R* (Youth Counseling Information Centre) to be devoted as a role model in their peer group. They will be equipped with knowledge, attitudes, skills through such activity as Training of Trainer, workshops, seminars and other activities which support their activities as a peer educator or peer counselor.

The influence of peers in adolescent has a critical role in early sexual initiation, where peers who have experienced sexual intercourse will usually tell their sexual activities to others, triggering others to have sexual intercourse early. This indicates that there is a strong influence of peers that can be benefitted to prevent pregnancy in adolescents. This attitude is in accordance with their developmental tasks during adolescence, where they prefer to listen peers rather than parents. The environment where teenagers typically assembly or spend their time is decisive if their actions lead to sexuality which can cause a risk of pregnancy. Moreover, the desire for opposite sex has also emerged after puberty in adolescents. Given that it is not regulated or controlled to an attempt to prevent the risk of pregnancy, it can be dangerous for the teenagers.

It then suggests that school turns to be an enabling factor to the establishment of conducive social environment for a healthy social circumstance that reinforce teenagers to avoid the risk of pregnancy at an early age. The *PKPR* program (Youth Care Health Service) that has been running currently covers merely 31% health centers that are implementing it by a coordination with schools. This coordination should be improved as a priority program to fortify adolescents from the dangers of premature sexual activities that lead to the risk of pregnancy [9]. The Youth Family Development Program (*BKR*) is still relevant with the current situation where it aims to prepare families with adolescents finding the right approach to the problem and the way to communicate with adolescents effectively. Apart from the officials, this activity also involves the role of cadres in facilitating families who requires basic education. To directly facilitate teenage education is the main activity of Youth Counseling Information.

Centre, facilitated straightforwardly by the National Population and Family Planning Agency. The agency assists teenagers by disseminating information and providing a counseling regarding, for example, reproductive health, conducted both in the school and in the society. This program also offers a counseling service to help teenagers to reduce their emotional burden or problems. The programs and activities mentioned above should have an impact on fortifying health literacy regarding sexual education for adolescents and increasing the number of youth participation in positive activities, especially the ones related to the prevention of the risk of pregnancy during adolescence and the anticipation of sexually transmitted disease.

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